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REPORT

OF THE

NEW JERSEY COMMISSION ON THE CARE OF MENTAL DEFECTIVES

TRENTON, N. J.
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1914



Members of the Commission.

JOSEPH P. BYERS, *Chairman*,TRENTON.
Commissioner of Charities and Corrections.

EDMUND E. READ, JR., *Secretary*,CAMDEN.

JOHN NEVIN, M.D.,JERSEY CITY.
*Member of Board of Managers, State Hospital for the Insane at
Morris Plains.*

STEWART PATON, M.D.,PRINCETON.
*Member of Board of Managers, State Hospital for the Insane at
Trenton.*

EDWARD D. PAGE,OAKLAND.



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Joint Resolution Providing for Appointment of the Commission.

WHEREAS, There is urgent need in this State for additional provision for the care, custody and treatment of mental defectives, including the insane, epileptic and feeble-minded; and

WHEREAS, There is no present reason to hope that the rate of increase in the number of these dependents will diminish; and

WHEREAS, The resources of the State are even now inadequate to provide for those whose mental deficiency has already been determined; and

WHEREAS, The overcrowded condition of our present institutions greatly interferes with and militates against the curative treatment of recoverable cases; and

WHEREAS, It is incumbent upon the State, in view of the foregoing, to determine the manner and method to be adopted in extending the provision for the insane, the feeble-minded and epileptic; therefore,

BE IT RESOLVED by the Senate and General Assembly of the State of New Jersey:

1. That the Governor of the State is hereby authorized and directed to appoint, subject to confirmation by the Senate of the State, five persons, citizens of the State, of whom one may be a woman, and one of whom shall be the Commissioner of Charities and Corrections, a representative of the Board of Managers from the New Jersey State Hospital at Trenton, and from the New Jersey State Hospital at Morris Plains, to be known as the New Jersey Commission on the Care of Mental Defectives; and that said commission within ten days after their appointment and confirmation shall meet and organize by the appointment of a chairman and a secretary. For this purpose and for any subsequent meetings held in the city of Trenton, the Department of Charities and Corrections shall provide the necessary facilities. The members of the commission are to serve without compensation, but their necessary expenses incurred in the discharge of their duties, shall be paid out of appropriations made for that purpose by the Legislature.

It shall be the duty of the said commission to investigate the subject of public provision for the care, custody and treatment of mental defectives in this State, with particular reference to the following:

1. To what extent is the present public provision for the insane inadequate?
2. What additional provision is immediately necessary and what further provision is likely to be required in the near future?

3. In what manner can this additional provision best be made that will insure: (a) early relief; (b) economy in construction and administration; (c) proper care, curative treatment and custody; (d) adequate State supervision.

4. In what manner, if at all, can the present system of public care of the insane be reorganized so that the highest efficiency with the greatest economy in their care and treatment may be secured?

The commission shall similarly investigate the subject of the feeble-minded and the epileptic.

The results of the investigation of the commission shall be embodied in a report which shall be filed with the Governor on or before March first, one thousand nine hundred and fourteen, and by him forthwith transmitted to the Legislature. The Commissioner of Charities and Corrections and the heads of all institutions in this State shall furnish to said commission promptly, such information bearing upon the work of the commission, and in such form as may be asked for by the said commission.

Resolved further, That the sum of two thousand five hundred dollars is hereby appropriated for the expenses of said commission, said sum or any portion of same to become available when included in the supplemental or annual appropriation bills.

This resolution shall take effect immediately.

Approved April 3, 1913.

REPORT.

Hon. James F. Fielder, Governor of the State of New Jersey.

SIR—In pursuance of Joint Resolution No. 5, approved April 3d, 1913, the New Jersey Commission for the care of Mental Defectives respectfully report:

The duty of this Commission as embodied in the Joint Resolution is to investigate the subject of public provision for the care, custody and treatment of mental defectives in this State, with particular reference to the following:

- "1.—To what extent is the present provision for the insane inadequate?
- "2.—What additional provision is immediately necessary, and what further provision is likely to be required in the near future?
- "3.—In what manner can this additional provision best be made that will insure: (*a*) early relief; (*b*) economy in construction and administration; (*c*) proper care, curative treatment and custody; (*d*) adequate State supervision.
- "4.—In what manner, if at all, can the present system of public care of the insane be reorganized so that the highest efficiency with the greatest economy in their care and treatment may be secured?

"The Commission shall similarly investigate the subject of the feeble-minded and the epileptic."

In pursuance of the instructions contained in this resolution, we have visited and examined the New Jersey Hospitals for the Insane at Trenton and Morris Plains, the State Village for Epileptics at Skillman, the Home for Feeble-Minded Women at Vineland, the Essex County Hospital at Overbrook, the Hudson County Hospital at Secaucus, Burlington County Hospital at New Lisbon, the Cumberland County Hospital at Bridgeton, the Camden County Hospital at Blackwood, the Atlantic County Hospital at Pleasantville, the New Jersey Training School at Vineland, and in order to carry out the spirit of this resolution, and that we might better acquaint ourselves with conditions in other States, we have visited and examined institutions for the care of insane, epileptic and feeble-minded in the States of Massachusetts,

Pennsylvania, Indiana, Wisconsin, Maryland and New York. We have also visited three of the private establishments for the care of those afflicted with nervous or mental diseases within this State. We have also visited the quarters provided for the insane who have been committed to four of the county jails within the State.

We have consulted alienists of national reputation in various centres, who have aided us in reaching our decision by their wise counsel, their generous advice and the results of their long experience.

THE INSANE.

Public provision for the insane in New Jersey is found at the two State Hospitals, Morris Plains and Trenton, and in county hospitals in the following named counties: Atlantic, Burlington, Camden, Cumberland, Essex, Hudson, Gloucester, Passaic and Salem.

In the counties of Gloucester, Passaic and Salem a few insane persons are provided for in their respective almshouses. They are for the most part chronic cases that have been under care for years. We are of the opinion that no additional commitments should be made to these institutions. The number of patients in Passaic county is 36, in Gloucester, 7, and in Salem, 7.

The whole number of insane under public care on October 31st, 1913, was 7,097.

The following table shows the normal capacity of each of the State and county hospitals, the number actually under care on October 31st, 1913, and the excess of patients or accommodations at each institution:

<i>Institution.</i>	<i>Normal Capacity.</i>	<i>Number Enrolled, Oct. 31, 1913.</i>	<i>Excess of Accommodations.</i>	<i>Excess of Patients.</i>
State Hospital, Trenton,	1,600	1,552	48	....
State Hospital, Morris Plains,	1,600	2,412	....	812
Atlantic County, ...	120	105	15	....
Burlington County, ..	175	177	....	2
Camden County,	260	246	14	....
Cumberland County, ..	200	140	60	....
Essex County,	1,525	1,614	....	89
Hudson County,	500	801	....	301
Gloucester County, ..	....	36	....	....
Passaic County, ....	....	7	....	....
Salem County, .....	....	7	....	....

It will be seen from the foregoing that the State is now caring for 1,067 insane persons in excess of the full normal capacity of our State and county hospitals. The serious overcrowding is at the State Hospital at Morris Plains and the county hospital in Hudson county. The latter institution is purely custodial in character.

The records of the Department of Charities and Corrections indicate that the average yearly increase in the number of insane persons under public care during the past five years has been 237.

The answer, then, to the first question is that the present public provision for the insane is inadequate properly to house 1,067 of the State's present wards. Additional provision, therefore, for the proper housing, care and treatment of the insane is immediately necessary for 1,067 patients, and we must contemplate an annual increase of these wards for whom further provision is likely to be required in the near future of approximately 250 annually.

THE COLONY SYSTEM.

The additional provision immediately necessary seems to this Commission to be best furnished by the colony system. This will take care of the immediate and pressing needs of the State, and by reason of its ready expansion will furnish the needed provision for the near future.

Dr. Owen Copp, in his report to the Minneapolis Conference of Charities and Corrections, 1907, thus described the colony system and its usefulness:

"The colony would take from the closed asylum the harmless patients suitable for greater liberty and capable, in variable degree, of industrial re-education. In its simple dwellings, arranged in small and separate groups, according to their condition, occupation and character of training, they would find the nearest approach to a home, its comforts and freedom.

"The chief aim of the colony would be the utilization of the enormous waste of physical energy latent in the host of idle demented, unused because of mental torpor, damaged brains and weakened powers of application, but capable of quickening, partial regeneration and re-development into useful activity. Although the labor of patients with initiative and of others easily induced to perform common duties is quite generally and fully employed, the great task of re-education of the stupid demented is practically untouched so far as it demands special organization, painstaking training and persistency, comparable in a measure to the efforts and methods of industrial education of the congen-

itally defective and feeble-minded, and promising as great return in production and happiness to patients, fully equivalent to the additional outlay for teachers and attendants.

"The hospital and asylum are more closely related to each other than to the colony, which might have any convenient location within a radius of many miles, if necessary to procure a large tract of wild land, rough and stony at the outset, but fertile and diversified in quality after reduction to tillage by the labor of the patients. A limited central organization with a resourceful physician at the head would co-ordinate the numerous small, separate farmsteads and industrial group, each complete in its home equipment and interests and managed by a good farmer or mechanic, whose wife should be its house mother. These centres should be mutually independent, but responsible to the resident physician.

"Some may fear that such an order would be expensive if applied to an unsuitable class of patients such as those requiring strict oversight and much paid attendance. The prerequisites of success are absence of the necessity of more than ordinary supervision, propriety of comparative freedom, capacity for self-help and the probability of productive labor. It should also be kept in mind that the useful application of labor, especially to the current needs of the institution, should take precedence of any production for the outside market or mere occupation and diversion of colonists.

"These general principles are equally applicable to the care, classification and training of the feeble-minded and the epileptic, if the school and manual training be added to the hospital equipment, with slight modification of the colony and custodial régimes in adaptation to their special needs."

Your Commission recommends the immediate establishment of three colonies, reasonably accessible to the existing institutions. Each colony should have connected with it at least five hundred acres of land; more would be advantageous. This land should have an abundance of wholesome drinking-water. It should be located upon roads that would allow of quick connection with the present institution, either by rail or automobile. The buildings to be erected for the use of the colony should not be of an expensive type; ordinary construction such as is used in dwellings for farm houses would be all that is necessary. We have seen practically no permanent construction in this or any other State that has not within ten or fifteen years become obsolete or at least ill-suited to the rapidly improving methods of custodial care. The system should be planned with special

reference to the ultimate distribution of the wards of the State in economical and easily managed units in various localities, so as to promote the frequent visits of relatives, guardians and friends. The agricultural and industrial activities of each of the centres so established will be attractive to other visitors, and the morale of the custodial activities will, in our judgment, be benefited and stimulated by the nearer association of the citizens so attracted. We would recommend that these colonies should not have over three hundred patients at any one time, and we believe that it is best to erect buildings that would accommodate thirty to fifty and be sufficiently far apart to avoid any danger of a conflagration. Your Commission believes that these colonies would be highly advantageous to the State and to the patients sent to them. Conditions vary in various institutions and they also vary from time to time, and it is impossible for this Commission to give exact figures as to the proportionate number of patients that can be removed from an institution and be colonized. It would not be wise, in our judgment, to so remove all of those qualified for colony conditions, since some of them can as well, or better, be cared for under the conditions of occupational treatment already established in several of our existing institutions, and they are needed for their economical administration. Probably forty per cent., however, would be a fair figure to be used as a preliminary estimate. These patients would have the advantage of occupation and of out-of-door life, both of which are of use as therapeutic measures. The maintenance cost per capita would be, we believe, reduced to a degree from the cost of maintenance in the institution, but only to a degree. The patients in the colony would not be self-supporting. We believe that no large proportion of mental defectives can become self-supporting, and to consider the colony plan as a system by which the revenues of the State can be increased would be a great mistake. All that the plan offers from a financial standpoint is a probable reduction in maintenance and a large economy in installation. The object in having these colonies within a reasonable distance of the existing institutions is that the patients at the colony may be easily removed to the existing State hospitals for treatment if through excitement, sickness or accident such removal becomes necessary. It would further allow of the easy transfer of the products of the colony to the other institutions, if there should be any excess over and above what may be used for the colony itself.

The colony plan offers advantages for women as well as for men. The outdoor life reduces the probability of tuberculosis,

makes sleep easier and longer, and gives the patient a renewed interest in living. The land need not be of an expensive character, in fact it probably would be better to begin with rough land which the patients can gradually break in and improve. We estimate that the cost per bed, including land (providing, of course, that this cheap quality of land is purchased), would not exceed \$350; this is dependent, however, on the acreage and the location.

CONFINEMENT OF THE INSANE IN COUNTY JAILS.

Blanks have been sent to the sheriffs of all the counties of the State, asking for detailed information relative to the insane who at any time during the course of the calendar year 1913, have been committed to their charge, and returns have been received from 18 counties, the results of which may be summarized as follows:

<i>County.</i>	<i>Number</i>		<i>Term of Commitment—Days.</i>		
	<i>of</i>	<i>Insane.</i>	<i>Shortest.</i>	<i>Longest.</i>	<i>Average.</i>
Atlantic,	2		42	79	60
Bergen,	48		1	61	8
Burlington,	1		5	...	...
Camden,	12		1	16	7
Cape May, .....	...		...	...	...
Cumberland, .....	...		...	...	...
Essex,	7		7	223	76
Hunterdon,	3		2	85	30
Mercer,	5		7	44	23
Middlesex,	6		4	83	35
Monmouth,	6		4	82	21
Ocean,	3		3	24	11
Passaic,	63		1	55	12
Salem,	2		49	49	49
Somerset,	7		1	15	5
Sussex, .....	...		...	...	...
Union,	26		1	57	9
Warren,	2		12	22	17

It is evident that a system that will permit of so many persons being confined in penal institutions for faults for which they were not responsible and often charged with no crime, is capable of great injustice and should not be permitted to continue.

ALCOHOLISM.

Alcoholism is the most prominent single causative agency with reference to crime, pauperism, mental disease and degeneracy.

Social customs and habits in connection with so-called moderate drinking are responsible to a degree for the future inebriates and chronic alcoholics.

From a sociological standpoint divergent views are held as to the proper method of treatment of alcoholics and inebriates. The penologist claims that punitive measures should be instituted. Others go to the other extreme and claim that all such persons are diseased and fit subjects for medical treatment. There are some who say that the habit is one that can be controlled by the habitués if they wish to make the effort. It is probable that there are cases which come under each division, but the fact remains it is largely a medical question, and as such is peculiarly complex.

In connection with the commitment of these cases to penal institutions, the report of the Board of Prison Commissioners of Massachusetts, for the year 1908, is interesting. During that year, 20,779 persons were committed for simple drunkenness, and of this number 13,548 had been committed from two to fifty times previously. When it is taken into consideration that a very large percentage of these cases are returned to some sort of an institution following the first incarceration, the punishment by jail, work-house or penitentiary sentences would seem an absurd practice, and, so far as statistics show, remarkably inefficient as a curative measure.

It is unquestionably true that many of these people present pathological lesions, hereditary taint or other predisposing causes, and in this connection the statistics obtained from the State Hospitals at Morris Plains and Trenton, and the Essex and Hudson county institutions for the insane, are illuminating. We have selected these institutions because of the larger number of inmates under treatment, and the accessibility of statistics.

The Morris Plains Hospital, during the years 1911, 1912 and 1913, had 176 persons committed for alcoholism and alcoholic psychoses, 125 men and 51 women. Of these twenty-one per cent. give hereditary history. The average age at commitment was 42.23, and the average duration of treatment 8 months and 27 days.

COMMITMENTS OF ALCOHOLICS TO STATE HOSPITAL AT
MORRIS PLAINS.

Men.

Year.	Total Admissions.	Alcoholics.	Percentage of Alcoholics to Total Admissions.
1911,	269	46	17.10
1912,	300	47	15.67
1913,	274	32	11.68
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Total,	843	125	14.83

Women.

1911,	270	22	8.15
1912,	272	18	6.62
1913,	264	11	4.17
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Total,	806	51	6.33

The Trenton State Hospital shows 236 commitments of alcoholics during the same period. The average duration of treatment in this institution for acute mental disturbance due to alcohol, and for simple inebriety, was five to six weeks; and for sub-acute mental disturbances due to alcohol, six months to one year. Hereditary predisposition appears in cases *in which information was available* in 52% for the past six years, and 85% showed alcoholism in antecedents in one parent or both. In a great majority of cases this institution is able to show a pathological make-up for some predisposing causes to alcoholic indulgence.

COMMITMENTS OF ALCOHOLICS TO STATE HOSPITAL AT TRENTON.

Men.

Year.	Total Commitments.	Insane (Alcoholic)	Inebriate.	Total Alco- holic and Ine- briate.	Perce ntage of Alcoholics to Total Admissions.
1911,	244	41	29	70	28.7
1912,	282	42	31	73	25.9
1913,	280	56	37	93	33.2
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Total, ..	806	139	97	236	29.3

Women.

1911,	152	8	4	12	7.9
1912,	206	10	4	14	6.8
1913,	208	8	11	19	9.1
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Total, ..	566	26	19	45	7.9

In 1911, 147 patients were admitted to the Hudson county institution, of whom 5 women and 19 men were alcoholics. In 1912, of 230 patients admitted, 9 women and 32 men were alcoholics; and in 1913, of 270 patients admitted, 15 women and 46 men gave alcoholic histories; making 126, or 19.5 per cent. in a total number of admissions of 647 in which over-indulgence in alcohol appears as a direct cause.

The Essex County Hospital, during the period mentioned, admitted 142 alcoholics, 106 male and 36 female, all of whom were committed as "insane." The statistics show hereditary taint in direct or collateral branches, or pathological lesion where information was obtainable, in 44 cases.

The age period during which most of these cases in all of the institutions were committed was between 30 and 60 years. The reasons for this must be obvious.

The statistics of the mentally sub-normal would undoubtedly show hereditary taint in a larger number than in the insane. It is a well-established fact that epilepsy in the offspring is produced by chronic alcoholism in the parent.

In view of these facts, the question of institutional treatment for chronic alcoholics and inebriates as a separate problem should receive serious consideration at the hands of the executive and legislative branches of the State government, as well as, perhaps, in a more satisfactory manner, by other means which may be devised to devote continuous effort along scientific lines so as to determine how to secure the best results. Many cases that are sent to jails, work-houses and penitentiaries are those who, later on, fill our hospitals for the insane, almshouses and institutions for criminals, and it is the belief of this Commission that under proper conditions a large percentage of these might be reclaimed, restored to their families and become useful citizens. In any event, the present method of caring for these cases in this State is far from satisfactory. During the period of treatment, such cases could, by proper employment along agricultural and industrial lines, be made practically self-supporting. The percentage of this class, capable of productive occupation, would naturally be larger than in the case of mental defectives.

This is the preventive age in medicine, and if prophylaxis is to be applied in mental diseases, the hereditary elements removed or improved, pauperism and its attendant evils decreased, criminality attributable to vicious surroundings, environment and the excessive use of stimulants diminished, if any or all of these things are to be accomplished, alcoholism, wherever and however possible, should be eliminated.

PRIVATE SANATORIA.

The present law relative to private sanatoria gives a right of license and inspection to the Commissioner of Charities and Corrections, only with respect to institutions nominally caring for the insane. In the judgment of your Commission no person should be permitted to operate within this State a sanatorium for the care of patients of any degree of mental alienation without being similarly subject to license and inspection.

There are undoubtedly many persons in the State now held in practical custody and classed as neurasthenics, dipsomaniacs, etc., who are actually and in fact of unsound mind. In our judgment the Commissioner of Charities and Corrections or his agents should have the power of inspection at any time, and of any institution where nervous patients of any class are under treatment.

PSYCHOPATHIC CLINIC OR RECEPTION HOSPITAL.

Insanity and feeble-mindedness are conditions that are the result of disease and therefore the problem relating to the care of those afflicted with these disorders are primarily medical.

The old type of institution called Asylum is a relic of barbarism and intelligent communities are rapidly replacing it by modern hospitals constructed and organized upon a basis that facilitates the adoption of methods directed towards preventing the occurrence of nervous and mental disorders, or of taking active measures to relieve the symptoms when once they have developed. From an economical standpoint a hospital, even in spite of the greater initial cost, represents an effective agency for conserving the brains and the money of the community when compared with the asylum to which patients are sent after they have reached the chronic or incurable stages of their disease.

We recommend the establishment of a reception hospital or psychopathic clinic with accommodations for at least fifty patients, to be established at an initial cost of not over \$100,000.

This institution should be within easy reach of one of the large centers of population, should have a relatively large staff of physicians and nurses, and in it ample provision should be made not only for giving to the patients the benefits of the resources of a well-equipped modern hospital, but it should also become a centre in which instruction may be given to members of the

medical profession as well as to the general public in regard to the nature, causes and methods of preventing the incidence of nervous and mental diseases. In a hospital organized along these lines opportunities should be given to competent persons to carry on research work with a view to determining important facts regarding the nature and development of these diseases. Only in institutions in which opportunity is given for carrying on original investigation to determine more fully than is yet known the nature of insanity, the causes that give rise to it, and the methods of preventing its occurrence, will it be possible to enlist the services of competent and highly trained physicians to assist the State in the solution of the most important problems which now confront humanity.

Some of the advantages to the State following the erection of a psychopathic clinic would be the following:

(1) An increasing number of individuals upon the appearance of the first symptoms of a mental breakdown would be admitted to the clinic as voluntary patients, receive treatment, and be discharged. Under present conditions the same persons refrain from applying for admission until the disease has advanced so far that they become permanent wards of the State.

(2) An institution of this character under the directorship of a thoroughly trained alienist would at once become a centre of education. The medical profession would have opportunities offered them for becoming familiar with the incipient stages of nervous and mental diseases and would, as is the case in communities where clinics of this type already exist, encourage patients to seek for advice and treatment at an early stage in the disease.

The alienists would also be greatly assisted in their efforts to get at the causes leading to insanity by the information obtained from physicians in general practice, and also by the employment of trained social workers whose duty it should be to make a study of the environment and social condition in which patients have lived prior to the incidence of insanity. In many cases it would be possible, if the home conditions were known, to assist individuals to readjust their lives and thus aver disaster.

(3) The psychopathic clinic should be a centre to which teachers in the public schools would carry many of their problems relating to the education not only of the mentally subnormal, but of the emotionally abnormal children.

(4) Cases of individuals involving the discussion before the courts of their legal responsibility could readily be more thor-

oroughly examined here and with far less expense to the State than under the present method of procedure.

(5) Facilities for research and greater diversity of work would be furnished to the staffs of the several State hospitals.

We would recommend that post-mortem examinations be allowed in all instances.

Research should be carried to the ordinary physician, and we recommend that from time to time physicians be invited to attend lectures and clinics, and that meetings of county medical societies be held in the State institutions.

In the State with which the name of Dorothea Dix is so intimately associated there exists an additional incentive for the carrying out of an aggressive, intelligently planned and executed campaign to control the startling incidence of nervous and mental disorders, including feeble-mindedness. A policy of procrastination, or of merely temporizing in supplying the funds necessary to build a psychiatric clinic and thoroughly equipping the two State hospitals for carrying out the modern treatment of the insane, and for facilitating the scientific study of cases, will, if continued for many years, necessitate an enormous increase of the sums spent to maintain hospitals defective in construction as well as organization, and entail in addition a still larger economic loss to the community.

REORGANIZATION.

Your Commission believes that the present system of the public care of the insane can and should be reorganized, so that a higher efficiency with a greater economy in their care and treatment may be secured. We find that in many of the states which we have visited there is a commission of lunacy or a board of guardians who have very broad supervisory and advisory powers. In every instance it seems to be productive of good results for the patients under the care of the State.

We find, especially in some of the county institutions, that, unfortunately, partisan politics plays a part in their administration, and that in too many cases officers and employees are selected by reason of political influence rather than for their usefulness to the patients in their charge, and that this works against the care and cure of the mentally sick. We believe that it is necessary to do away with all partisan politics of every kind connected either with State or county institutions having the care of the mentally defective wards of the State. Under competent State control this could be accomplished.

We find that in some of the institutions, both county and State, there is a dual system of control, a physician and a warden. We believe that this is not for the best interest of the patients or the institutions, and we recommend that the wardens be made subordinate to the medical superintendents.

The attendants who serve in the various institutions are not, as a class, capable of rendering the most efficient service, and we recommend therefore that effort should be made by increased wage, by better accommodations at the institutions, by shortened hours and by more diversified amusement and interest, to attract to the service of the State a higher grade of men and women than we find at present in its service.

We recommend that in all the institutions there should be separate quarters for the nursing staff. A general complaint that we find is that nurses do not remain long owing to the fact that in some, not in all of the institutions, the nurses when off duty are nevertheless in the same atmosphere and environment as when on duty, and as a result lose interest and are induced to seek other employment at a time when their services are becoming most serviceable to the State.

We recommend either that enlarged power be given to the Commissioner of Charities so that he may have a broader supervision and the help of a trained psychiatrist, or else that a commission be appointed that shall have both advisory and supervisory functions.

We believe that in such a system of State supervision as we have suggested there would be a greater degree of co-ordination of experience of superintendents and a better understanding between the various institutions. Each institution is now acting too much as an independent unit, and there is a lack of co-operation, of sympathy, and understanding, which is adding to the expense of the State and in no way helping in the treatment of the patients. In our judgment it is a function of the State Commissioner or commission, to which we have referred, to co-ordinate the work of all the institutions of the State and to bring them into close co-operation with one another.

TRANSFER OF PATIENTS.

The present system, or lack of system, of transfer is so complicated and burdened with red tape that it works seriously against the interests of the State's wards. More should be left to the judgment of the Commissioner or the Commission in control, and the law should be simplified accordingly.

DEPORTATION OF ALIENS.

Our attention has been called to the large number of aliens, especially insane aliens, in our public institutions. Immediate action should be taken in this matter as suggested in the annual report of the Commissioner of Charities and Corrections for 1913, from which we quote as follows:

"I again call your attention to the very great desirability of providing for the employment of at least two deporting agents, who under the direction of this Department shall give their whole time to investigation of alien and nonresident persons in the care of the State, with a view to their deportation or removal. The fact that one-third of our insane population under public care is of foreign birth, and that there are some hundreds in our insane hospitals whose residence within the State has not been established, would certainly justify an attempt on the part of the State to rid itself of the constant and growing expense for the care of those who have no claim legally or morally upon its benevolence."

THE FEEBLE-MINDED.

The present public provision for the care of the feeble-minded in New Jersey is made at the State Home for Feeble-Minded Women and at the Training School for Feeble-Minded Boys and Girls, both at Vineland.

The present normal capacity of the Home for Feeble-Minded Women is 250. The number of inmates on October 31st, 1913, was 301. The overcrowding here is in much the same degree as at the Morris Plains and Hudson County Hospitals for the Insane. A new building is to be occupied in the early spring of 1914, which will afford additional accommodations for 100. Applications now on file in the office of the Commissioner of Charities and Corrections, including transfers of certain inmates from the State Home for Girls and the State Reformatory for Women, will immediately fill to its capacity the new building when it is ready for occupancy. The rate at which additional accommodations have been provided in the past at the Home has not kept pace with the applications received for admission.

The present provision is therefore inadequate inasmuch as it will probably be impossible to give prompt consideration to new applications made after March 1st, 1914. These applications upon which it is highly important that immediate action should

be taken will, in all probability, have to be held until some further provision is made.

The present buildings do not provide proper classification and segregation of inmates. Provision should be made for the erection of two additional buildings to accommodate 100 inmates each, one of these buildings for the lowest grade, idiots, and the second for the intermediate grade, imbeciles. This will require additional dining room and kitchen facilities.

There is no available and authentic data as to the number of feeble-minded women within the State who ought to be cared for at this institution, but we believe that provision should be made within the next five years for increased capacity to a maximum of 800 women, to include all degrees of feeble-minded and all ages. This provision should include accommodation for not less than 100 idiots and imbecile girls of any age.

At the present time no provision is made by the State for feeble-minded children under the age of six years, and no provision of any sort is made for children of low grade of any age.

The State has for many years utilized a private institution, the New Jersey Training School for Feeble-Minded Boys and Girls at Vineland, for the care of a limited number of feeble-minded children. This school, however, is limited in capacity, and it is not contemplated by its managers that that capacity shall be increased.

There are at the present time in this school 450 inmates, 350 of whom are wards of the State. These 350 children include all of the feeble-minded class for whom public provision is now made, except the very few girls cared for at the Home for Feeble-Minded Women. There are now pending in the office of the Commissioner of Charities and Corrections 125 applications for admission of feeble-minded children to the Training School at Vineland. Included in these applications there are 68 cases that have been classified as custodial and are, therefore, not eligible for admission to the school. For this class there is no State provision. In addition to these there are 125 applications that have been withdrawn on account of the applicant becoming too old for admission. In some cases applications have been pending for more than ten years.

Existing conditions in the care of the mentally sub-normal, a term which we prefer to use in place of the term "feeble-minded," do not materially differ from those in the care of the insane. It is estimated that there are 5,000 of these persons in the State not subject to any State care, a large proportion of whom are a menace to the welfare of the communities in which they now

live. Besides this there is an undetermined number of similar cases in the rising generation whose mental condition cannot be determined except after more careful methods of testing shall have been provided in the public schools.

The extent to which this is now being done is shown by the following report prepared at our request by Dr. Calvin N. Kendall, Commissioner of Education:

"The number of classes for Defective Children, three years or more below the normal, together with number of children in each class, as reported by city and county superintendents, February 1st, 1914:

	<i>Number of Classes.</i>	<i>Number of Children.</i>
New Brunswick,	2	27
Millburn,	1	15
South Orange,	1	13
West Orange,	1	15
Summit,	2	30
Wildwood,	1	15
Atlantic City,	6 teachers	75
Garfield,	1	13
Lodi,	1	15
Hackensack,	3	45
Elizabeth,	2	39
Paterson,	4	50
Bloomfield,	2	15
Englewood,	1	15
Princeton,	1	23
Plainfield,	4	60
Vineland,	1	15
Perth Amboy,	1	15
West Hoboken,	2	15
Camden,	7	105
Long Branch,	1	15
Hoboken,	4	44
Newark,	15	218
(No class has more than 15)		
Newark—Blind Class,	1	10
East Orange,	3	40
Morristown,	1	14
Asbury Park,	1	15
Bayonne,	5 teachers	74

(No more than 15 in a class)

Passaic,	3	47
Somerville,	1	14
Bound Brook,	1	14
Montclair,	8	99
Newton,	1	12
Orange,	2	30
Kearny,	1	15
Pemberton Township,	1	15
Trenton,	17	246
Jersey City,	8	121
Jersey City—Blind Class,	1	4
Lambertville,	1	15

 1,677

Any plan for the care of the mentally sub-normal must be reasonably economical, effective and capable of early application, and it must be satisfactory to parents and guardians, as well as to the public.

From infancy to school age most sub-normal children can best be cared for in their own homes and maintained by their parents; the few exceptions should be sent to institutions. Mentally sub-normal children in the school districts have the same right to public education and training as is provided by the Constitution "for the instruction of all the children in this State between the ages of five and eighteen." They may be divided into three classes:

- a. Epileptics.
- b. The sub-normal in city school districts.
- c. The sub-normal in rural communities.

It is now clearly understood that the kind of education adequate to sub-normal children not too defective to be trainable is different from that now given to normal children. It must be chiefly sensory and motor. Such children have little capacity for intellectual training and limited practical use for what they may be able to acquire. The best results are found in the development of their capacity for useful and productive industrial work. As soon as possible, therefore, those who are mentally sub-normal should be separated from the normal, and from merely backward children in schools and classes. When segregated and under control these sub-normal classes employed in systematic and industrial labor can contribute to their own maintenance in a larger degree than has heretofore been deemed possible.

Only by expert examination can these children be separated from those who are normal; the difference, however, becomes apparent to parents and teachers as the children grow older. In the more populous communities special classes for the mentally subnormal have been established in a small way. In our judgment it is the duty of the State to effect a very much more general use of the special classes. As the children so instructed become old enough for definite diagnosis to be made, those in whom this condition is a permanent one should be transferred to the State custodial institutions, except in the rare cases where they can be provided for at home. The majority of them after adolescence are troublesome. They are awkward, headstrong and difficult of management in the schools. No matter what their years they cannot go beyond the primary grades. Outside of the school they are in mischief and crave a notoriety accompanied by wrong doing. They are over-sexed and practice indecencies or worse, and are the big, awkward, misunderstood, pitiable and dangerous companions of little children.

In the smaller school districts where there are not enough of such children to form a special class, they should be sent to training schools maintained by the State, or to institutions like the school at Vineland. The study of such cases should be continuous, both in the public schools and institutions, so as to provide constantly improving methods for their care and guidance.

In our opinion all public school children should be tested at an early age to determine their capacity for continued instruction in the classes which are normal to their age and condition; and this without reference to whether the problem is one of the city or the country. In the institutional care of the sub-normal the colony system should prevail; there should be plenty of land to be cleared or tilled, and the girls should have the opportunity of occupation in house work, horticulture and house industries. The boys may be employed in the building trades, in the production of some textiles, and even in printing. In the little we know about the care of the sub-normal wards of the State, one fact is prominent, that employment is not only agreeable to the patients but has a distinct therapeutic value.

The rapidly increasing number of those recognized as sub-normal, and of that portion of them in which State care is necessary as a protection to the community, calls for a rapid increase of the facilities of the State for institutional care. Colonies should be established in small units in different sections; and we are pleased to note that a beginning has been made

in Cumberland and Burlington counties. What we have said of the colony system with regard to the insane applies with equal force to the colonies for those who are mentally sub-normal, both as to economy and efficiency of installation and maintenance.

EPILEPTICS.

The present normal capacity of the State Village for Epileptics at Skillman is 450. Additional buildings are now in course of erection that will increase this capacity to 600. There are now 24 applications on file at the Village for strictly custodial cases, 300 other cases on the waiting list, and more than 1,000 on record at the Village without application papers. Of the latter number 332 are in the insane hospitals of the State, 35 in almshouses, 9 in penal and reformatory institutions, and 27 in the homes for feeble-minded.

The commission recommends that the Epileptic Village at Skillman be made the custodian of all epileptics; that epilepsy be made the dominant element in committals to it, and that no patients other than epileptics be committed thereto; that there be erected at Skillman such new buildings as may be necessary for the housing of the epileptic insane and the epileptic feeble-minded, and that when the present village has reached its full capacity additional provision be made on the colony plan, either there or elsewhere in the State.

For the information which has been generously given us and which we have used in the preparation of this report, we acknowledge our obligations to:

Dr. Britton D. Evans, Superintendent, State Hospital for the Insane, Morris Plains.

Dr. Henry A. Cotton, Superintendent, State Hospital for the Insane, Trenton.

Dr. Frederick Peterson, Columbia University, New York.

Dr. W. W. Russell, Superintendent, Bloomingdale Asylum, New York.

Dr. Thomas W. Salmon, Director of Special Studies, National Committee on Mental Hygiene, New York City.

Dr. William Mabon, Superintendent, New York State Hospital, Wards Island, N. Y.

Mr. A. C. Wright, New York City.

Mr. Clifford W. Beers, New York City.

Dr. Owen Copp, Philadelphia.

Dr. Guy Payne, Superintendent, Essex County Hospital for the Insane, Cedar Grove, N. J.

Dr. David F. Weeks, Superintendent, State Village for Epileptics, Skillman, N. J.

Dr. Robert Chase, Superintendent, Friends' Asylum, Frankford, Philadelphia.

Dr. Thomas Prout, Summit, N. J.

Dr. E. E. Southard, Professor of Nervous and Mental Diseases in the Medical School of Harvard University, Boston.

Dr. Walter E. Fernald, Superintendent, Massachusetts School for the Feeble-Minded, Waverly.

Mr. Amos W. Butler, Secretary, State Board of Charities, Indianapolis, Ind.

Dr. George F. Edenharter, Superintendent, Central Indiana Hospital for the Insane.

Rev. Francis H. Gavisk, Member of the Board of State Charities, Indianapolis, Indiana.

Mr. M. J. Tappins, Secretary, State Board of Control, Madison, Wis.

Prof. E. R. Johnstone, Superintendent, Training School, Vineland, N. J.

Dr. Madeline A. Hallowell, Superintendent, Home for Feeble-Minded Women, Vineland, N. J.

Mr. J. A. Starkey, Superintendent, Camden County Hospital for the Insane, Grenloch, N. J.

Dr. J. A. Smith, Physician in Charge, Camden County Hospital for the Insane, Grenloch, N. J.

Mr. T. L. McConnell, Superintendent; Dr. J. H. North, Physician, and Dr. C. A. Potts, Neurologist, Atlantic County Hospital for the Insane, Pleasantville, N. J.

Mr. David Elwell, Superintendent, and Dr. T. J. Smith, Physician in charge, Cumberland County Hospital for the Insane, Bridgeton, N. J.

Mr. C. C. Deacon, Superintendent, and Dr. R. N. Parsons, Physician, Burlington County Asylum, New Lisbon, N. J.

Dr. Charles Gorst, Superintendent, Wisconsin Hospital for the Insane, Madison.

Dr. Milton J. Greenman, Superintendent, Wistar Institute, Philadelphia.

Dr. Adolph Meyer, Professor of Psychiatry, Director of Henry Phipps Psychiatric Clinic, Baltimore.

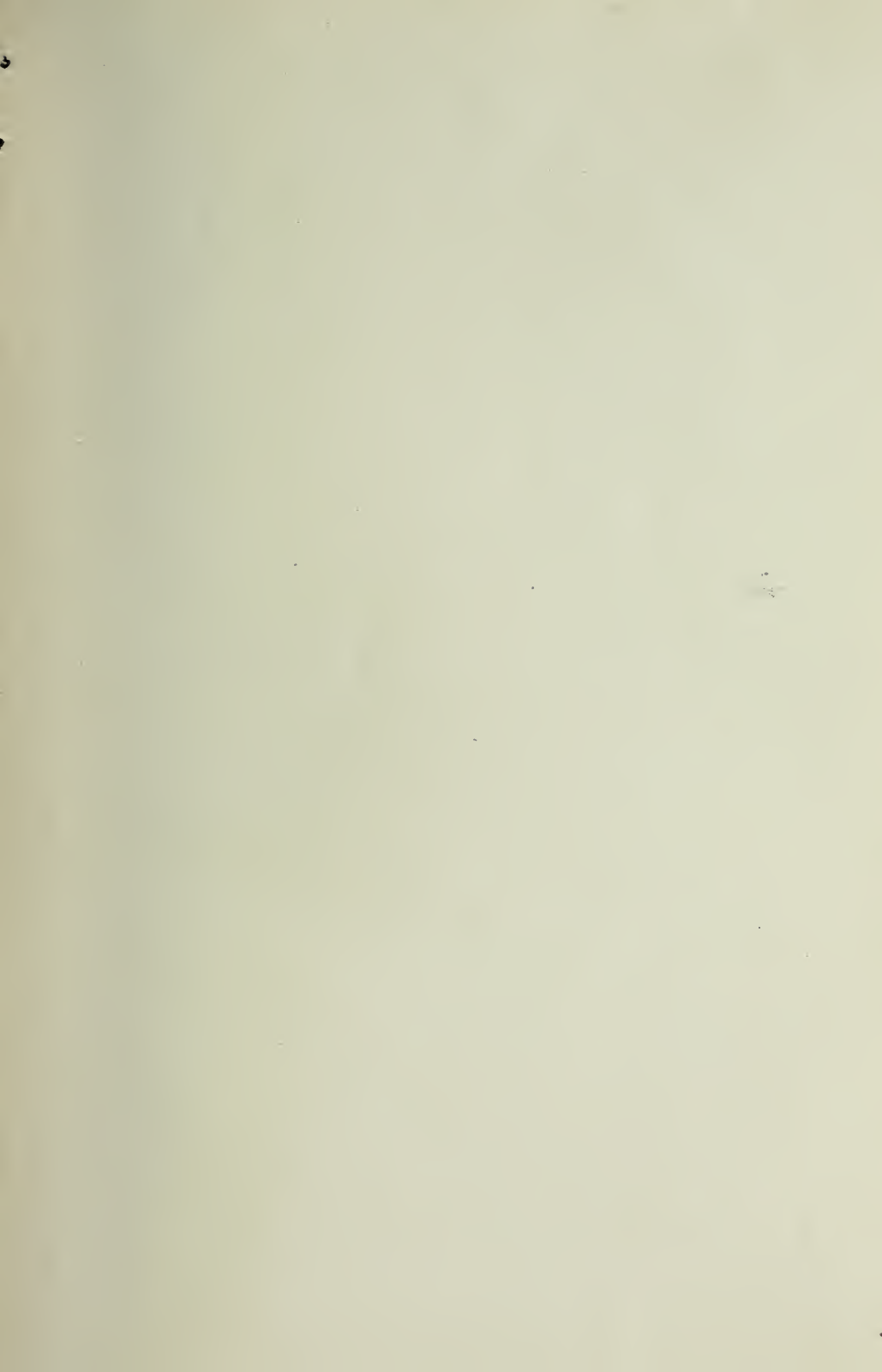
Prof. H. H. Donaldson, Wistar Institute, Philadelphia.

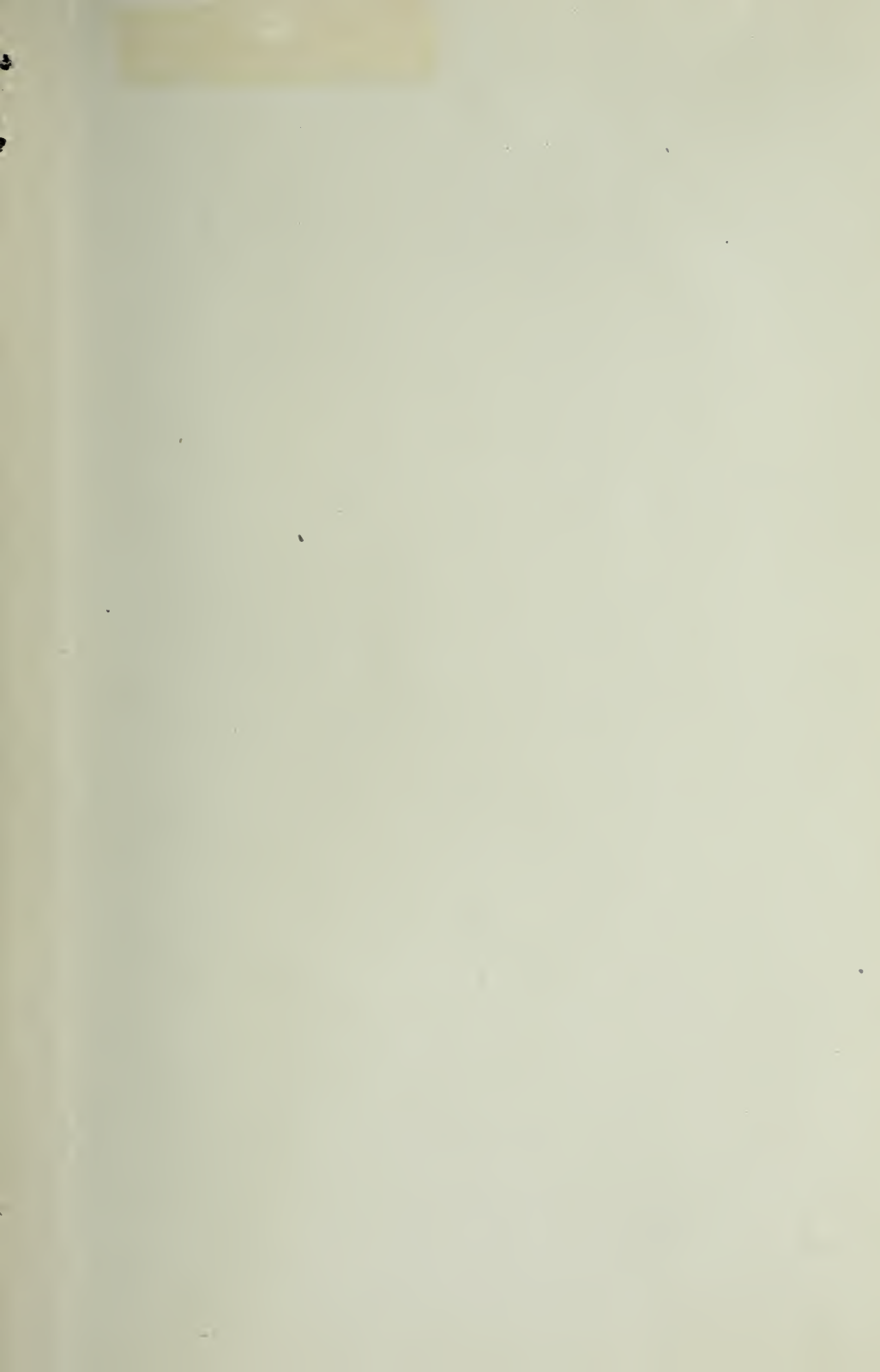
All of which is respectfully submitted.

(Signed) JOSEPH P. BYERS,
JOHN NEVIN, M. D.,
EDWARD D. PAGE,
STEWART PATON, M. D.,
EDWARD E. READ, JR.,

*The New Jersey Commission on
the Care of Mental Defectives.*

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